STATE OF CALI		Traveler ID	See <i>In</i> Unit Code	struction	HO		ement on F	Rever	se Side	Bł	< Trip?	YES	O No
TRAVEL EXPENSE CLAIM STD. 262 (REV. 10/92)		210			STAFF					P	age	of	Pages
		al Year 2008TEC1750 08-2009			ssn or employee number* 269-52-5702					DEPA OP	RTMENT R		
POSITION Secretary of Volunteering and			CB/ID NO.: EXEMPT		California Volunteers							PCA # 21401	
RESIDENCE ADDRESS* 971 Castec Dr.					1110 K Street Suite 210							TELEPHONE NUMBER 916-323-7646	
CITY Sacramento		STATE ZIP C CA 95864		ZIP CODE 5864	Sacramento				STATE CA			958	ZIP CODE 14
(1) MONTH/YEAR (3)		(4)	(5)	(5) MEALS		(6)		,	ANSPORTATION			(8)	(9)
Aug 2009 (2) DATE   TIME	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T.,L/T, N/C, RELO. OR DINNER	INCIDENT- TALS	(A) COST OF TRANS.	TYPE USED	(C) CARFARE, TOLLS, PARKING		(D) E CAR USE AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
											\$0.00		\$0.00
8/27: 0545 1800	Sac - Ontario - Sac								\$9.00	36	\$19.80		\$28.80
											\$0.00		\$0.00
								<u>.</u>			\$0.00		\$0.00
· -											\$0.00		\$0.00
						<u>6</u> [		E			\$0.00		\$0.00
											\$0.00		\$0.00
						SEP :	1 2009		빋		\$0.00		\$0.00
					OFFIC	F OF PLAI	NING & RE	SEAR	СН		\$0.00		\$0.00
					A	DMINISTR	ATIVE SERV	UE3			\$0.00		\$0.00
	-										\$0.00		\$0.00
											\$0.00		\$0.00
											\$0.00		, \$0
(10) SUBT	OTALS	. I							\$9.00	\$36 1	19.8		\$28.80
çc	Numn code (acctg. Usi	E CNELY)							CL AINA	TOTAL	<u>.</u>		00 oc
					M-12-				CLAIM				\$28.80
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  Attended the Disaster Corps Table Top Exercise  ———————————————————————————————————									(13) PRIVATE VEHICLE LICENSE NUMBER				
									(14)	MILEAGE RA	4ybd289 TE CLAIMED		
													.55
·										AGENCY AGCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMB			
										\$0.55			
	Y That the above is a true statement o nicle was used, and if mileage rates ex- nave met the requirements as prescrib												
(15) CLÁIMANT'S S	IGNATURE		DATE 18	109	(16) \$10	NATURE OF	OFFICER AP	ROVI	NG TRAVE	EAND P.	AYMENT	DATE 2	1.09
(17) SPECIAL EXPE	ENSE AUTHORIZATION - SIGNATUR	E and TITLE (See I	tem 17 on rev	rerse)	1,100							DATE	